

GOVERNMENT OF THE DISTRICT
DEPARTMENT OF CONSUMER AND REGU



DCLD980555643

May 12, 1986

CERTIFIED MAIL NO.
RETURN RECEIPT REQUESTED

Mr. Rick Floyd
The Washington Post
1150 15th Street, N.W.
Washington, D.C. 20017

NOTICE

Dear Mr. Floyd:

This letter services as an official notice of violation pursuant to section 262.41 of the D.C. hazardous waste regulations which require generators to submit an annual report of hazardous waste shipped off-site. This report was to be filed by March 31, 1986, (see copy of letter enclosed).

Please submit the required annual report by May 31, 1986. Failure to comply with this notice will result in refferal to our Office of Compliance for enforcement action.

If you have any questions, please contact Mr. Byron Bacon or Mrs. Neilima Senjalia at 767-8414.

Sincerely,

Angelo Tompros, Chief
Pesticide and Hazardous
Waste Management Branch

Enclosure

Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

3. Article Addressed to:

RICK FLOYD
THE WASHINGTON POST
1150 15TH STREET, N.W.
WASHINGTON, D.C. 20017

4. Type of Service:

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | |

Article Number

P 699 745 879

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



MEMORANDUM:

TO : File

THROUGH : Angelo Tompros, Chief
Pesticides & Hazardous
Waste Management Section

FROM : Byron Bacon *Byron Bacon*
Consumer Safety Officer

SUBJECT : Inspection at Washington Metropolitan Area Transit
Authority (WMATA) 2250 26th Street, N.E.
DCD 980555643

On March 18, 1986, Neilima Senjalia and I conducted a compliance inspection at the WMATA facility indicated above. This was an initial inspection at this facility. John Trussell, Shop Maintenance Supervisor, was the facility representative.

This facility generates wastes from processes which overhaul buses and from the bodywork on buses. These wastes include spent solvents from cleaning parts, and paint thinners and reducers from spray painting buses. Approximately 200 gallons of waste are generated in three months.

These wastes are manifested and shipped off-site for disposal.

There is a fire emergency plan. The facility is equipped with a fire alarm system, overhead sprinklers and fire extinguishers.

Drums stored in the waste storage area were dated less than ninety days ago.

Personnel records do not indicate which employees handle hazardous waste. There was no record of training sessions held. These requirements were discussed with Mr. Trussell.

1. EPA ID: DC 12121918101515161413

2. HANDLER NAME: Wash. Metro. Area Transit Authority

3. ADDRESS: 2250 26th St., NE Washington, DC

5. DATE OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT: 03/10/86

5a. AGENCY RESPONSIBLE FOR EVALUATION: Put code in box ☒ Choose one

E = EPA
S = State
J = Joint
C = Contractor/EPA

O = Other
B = Contractor/State
X = Oversight

6. TYPE OF EVALUATION COVERED BY THIS REPORT: ☒ Put code in box Choose one

1 = Evaluation Inspection
2 = Case Development
3 = Record Review
4 = Ground Water Monitoring Evaluation
5 = Follow Up

6 = Other - Citizen Complaint
7 = Other - Part B Call-In
8 = Other - Withdrawal Candidate
9 = Other - Closed Facility
10 = Other - General

7. DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 5): 1/1/

8. AREA AND CLASS OF VIOLATION (Enter 'X' in appropriate box if violations found. Enter '0' if no violations found in Area evaluated. Enter 'Z' to indicate area of interest.)

| Class of Violation | Area of Violation | | | | | | |
|--------------------|-------------------|-------|---------|-------|-----------|----------|-------|
| | GWM | CL/PC | Fin.Res | Pt. B | Compl.Sch | Manifest | Other |
| I | | | | | | | |
| II | | | | | | O | X |

9. ENFORCEMENT ACTIONS:

| Class | Area of Violation | Type (use code) | Date Action Taken | Compliance Dates | | Penalty | | Resp.Ag. (use code) |
|-------|-------------------|-----------------|-------------------|------------------|--------|----------|-----------|---------------------|
| | | | | Scheduled | Actual | Assessed | Collected | |
| II | other | 10 | 3-18-86 | | | | | |

Codes for Types of Enforcement Actions:
03 = Warning Letter
05 = Administrative Order
10 = Informal
(See instructions for additional codes)

11 = Filed Civil Action
12 = Filed Criminal Action
15 = \$3008(h) Final Order

Codes for Resp. Agency: E = EPA
S = State
X = EPA oversight

9a. STATUS OF HANDLER WITH COMPLIANCE SCHEDULE OF ORDERS: Meeting compliance schedule Yes ☐ No ☐ Status Date 1/1/

10. Comments: Personnel records do not indicate employees handling haz. wastes, No record of training
(Limit each comment to 80 characters. Up to 99 comments are possible.)

EVALUATION - VIOLATION - ENFORCEMENT FORM II

| | |
|-----------|--------------|
| ID Number | Handler Name |
|-----------|--------------|

| | | | |
|-----------|-----|--------|--------|
| VIOLATION | Add | Change | Delete |
|-----------|-----|--------|--------|

| | | | | | |
|--------|--------|------|-------|-----------------|---------------------|
| Agency | Number | Area | Class | Regulation Type | Regulation Citation |
|--------|--------|------|-------|-----------------|---------------------|

| | | | | | |
|-----------------|----------|--------|--------|----------------------------------|--------|
| Date Determined | Priority | Branch | Person | Returned to Compliance Scheduled | Actual |
|-----------------|----------|--------|--------|----------------------------------|--------|

Comments

| | | | |
|-----------|-----|--------|--------|
| VIOLATION | Add | Change | Delete |
|-----------|-----|--------|--------|

| | | | | | |
|--------|--------|------|-------|-----------------|---------------------|
| Agency | Number | Area | Class | Regulation Type | Regulation Citation |
|--------|--------|------|-------|-----------------|---------------------|

| | | | | | |
|-----------------|----------|--------|--------|----------------------------------|--------|
| Date Determined | Priority | Branch | Person | Returned to Compliance Scheduled | Actual |
|-----------------|----------|--------|--------|----------------------------------|--------|

Comments

| | | | |
|-----------|-----|--------|--------|
| VIOLATION | Add | Change | Delete |
|-----------|-----|--------|--------|

| | | | | | |
|--------|--------|------|-------|-----------------|---------------------|
| Agency | Number | Area | Class | Regulation Type | Regulation Citation |
|--------|--------|------|-------|-----------------|---------------------|

| | | | | | |
|-----------------|----------|--------|--------|----------------------------------|--------|
| Date Determined | Priority | Branch | Person | Returned to Compliance Scheduled | Actual |
|-----------------|----------|--------|--------|----------------------------------|--------|

Comments

| | | | |
|-------------|-----|--------|--------|
| ENFORCEMENT | Add | Change | Delete |
|-------------|-----|--------|--------|

| | | | | | |
|------|--------|--------|------|--------|--------|
| Date | Number | Agency | Type | Branch | Person |
|------|--------|--------|------|--------|--------|

| | |
|------------------|---------|
| Penalty Assessed | Settled |
|------------------|---------|

| |
|--------------------|
| COVERED VIOLATIONS |
|--------------------|

| | | | | | | | | |
|--------|--------|------|--------|--------|------|--------|--------|------|
| Agency | Number | Area | Agency | Number | Area | Agency | Number | Area |
|--------|--------|------|--------|--------|------|--------|--------|------|

| |
|------------------|
| PENALTY PAYMENTS |
|------------------|

| | | | |
|------|--------|------|--------|
| Date | Amount | Date | Amount |
|------|--------|------|--------|

Comments



EVALUATION - VIOLATION - ENFORCEMENT FORM I

4291

HANDLER

Date Submitted

ID Number

D C D 980555643

LDR ()

TSR ()

INC ()

LOG ()

DOC ()

TRA ()

08/26/91

Handler Name

WASHINGTON METRO AREA TRANSIT AUTHORITY

Street

2250 26th STREET NE

City

WASHINGTON

EVALUATION

Add

Change

Delete

Date

Number

Agency

Type

Reason

Branch

Person

Areas of Evaluation (EV - Evaluated, NE - Not Evaluated, NA - Not Applicable)

| | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|
| GER | GOR | TGR | DCN | DGV | DNC | DPP | CAS |
| GEX | GPT | TMR | DCL | DIM | DNR | DSI | FEA |
| GGR | GRR | TOR | DCP | DLB | DOR | DTR | |
| GLB | GSC | TRR | DFR | DLF | DOT | DTT | |
| GMR | GSO | TWD | DGS | DLT | DPB | DWP | |

Comments

VIOLATION

Add

Change

Delete

Agency

Number

Area

Class

Regulation Type

Regulation Citation

Date Determined

Priority

Branch

Person

Returned to Compliance
Scheduled

Actual

Comments

VIOLATION

Add

Change

Delete

Agency

Number

Area

Class

Regulation Type

Regulation Citation

Date Determined

Priority

Branch

Person

Returned to Compliance
Scheduled

Actual

Comments

VIOLATION

Add

Change

Delete

Agency

Number

Area

Class

Regulation Type

Regulation Citation

Date Determined

Priority

Branch

Person

Returned to Compliance
Scheduled

Actual

Comments

VIOLATION

Add

Change

Delete

Agency

Number

Area

Class

Regulation Type

Regulation Citation

Date Determined

Priority

Branch

Person

Returned to Compliance
Scheduled

Actual

Comments

EVALUATION - VIOLATION - ENFORCEMENT FORM II

| | |
|--------------|--------------|
| ID Number | Handler Name |
| DCD980555643 | WMATA |

| | | | | |
|-----------|-----|--------|--------|--|
| VIOLATION | Add | Change | Delete | |
|-----------|-----|--------|--------|--|

| | | | | | |
|--------------------------|----------------------|----------------------|--------------------------|----------------------|--|
| Agency | Number | Area | Class | Regulation Type | Regulation Citation |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | |
| Date Determined ▲ | | Priority | Branch | Person | Returned to Compliance Scheduled ▲ Actual ▲ |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |

Comments

| | | | | |
|-----------|-----|--------|--------|--|
| VIOLATION | Add | Change | Delete | |
|-----------|-----|--------|--------|--|

| | | | | | |
|--------------------------|----------------------|----------------------|--------------------------|----------------------|--|
| Agency | Number | Area | Class | Regulation Type | Regulation Citation |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | |
| Date Determined ▲ | | Priority | Branch | Person | Returned to Compliance Scheduled ▲ Actual ▲ |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |

Comments

| | | | | |
|-----------|-----|--------|--------|--|
| VIOLATION | Add | Change | Delete | |
|-----------|-----|--------|--------|--|

| | | | | | |
|--------------------------|----------------------|----------------------|--------------------------|----------------------|--|
| Agency | Number | Area | Class | Regulation Type | Regulation Citation |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | |
| Date Determined ▲ | | Priority | Branch | Person | Returned to Compliance Scheduled ▲ Actual ▲ |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |

Comments

| | | | | |
|-------------|-----|--------|--------|--|
| ENFORCEMENT | Add | Change | Delete | |
|-------------|-----|--------|--------|--|

| | | | | | |
|----------------------|--------|--------------------------|----------------------|--------|--------|
| Date | Number | Agency | Type | Branch | Person |
| 030692 | 001 | <input type="checkbox"/> | 120 | D.C. | M.W.H. |
| Penalty Assessed ▲ | | | Settled ▲ | | |
| <input type="text"/> | | | <input type="text"/> | | |

| |
|--------------------|
| COVERED VIOLATIONS |
|--------------------|

| | | | | | | | | |
|--------|--------|------|--------|--------|------|--------|--------|------|
| Agency | Number | Area | Agency | Number | Area | Agency | Number | Area |
| S | 0001 | GRR | | | | | | |
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| PENALTY PAYMENTS |
|------------------|

| | | | |
|------|--------|------|--------|
| Date | Amount | Date | Amount |
| | | | |
| | | | |
| | | | |
| | | | |

Comments



EVALUATION - VIOLATION - ENFORCEMENT FORM I

| | | | | | | | | | | | |
|---|------------------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--|---|--|
| HANDLER | | | | | | | | | | Date Submitted | |
| ID Number <u>D.C.D.98.0555643</u> LDF[] TSF[] INC[] LOG[] SOG[] TRA[] | | | | | | | | | | 03/09/92 | |
| Handler Name <u>WMATA</u> | | | | | | | | | | | |
| Street <u>2250 26th Street N.E.</u> | | | | | | | | City <u>WASHINGTON, D.C.</u> | | | |
| EVALUATION Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/> | | | | | | | | | | | |
| Date <input type="text" value="03"/> <input type="text" value="06"/> <input type="text" value="92"/> | | Number <input type="text" value="001"/> | | Agency <input type="text" value="S"/> | | Type <input type="text" value="NR"/> | | Reason <input type="text"/> | | Branch <input type="text" value="D.C."/> Person <input type="text" value="M.W.H."/> | |
| Areas of Evaluation (E - Evaluated, NE - Not Evaluated, NA - Not Applicable) | | | | | | | | | | | |
| GER <input type="text"/> | GOR <input type="text"/> | TGR <input type="text"/> | DCM <input type="text"/> | DGW <input type="text"/> | DMC <input type="text"/> | DPP <input type="text"/> | CAS <input type="text"/> | | | | |
| <input type="text"/> | GPT <input type="text"/> | TMR <input type="text"/> | DCL <input type="text"/> | DIN <input type="text"/> | DMR <input type="text"/> | DSI <input type="text"/> | FEA <input type="text"/> | | | | |
| GGR <input type="text"/> | GRR <input type="text" value="E"/> | TOR <input type="text"/> | DCP <input type="text"/> | DLB <input type="text"/> | DOR <input type="text"/> | DTR <input type="text"/> | | | | | |
| GLB <input type="text"/> | GSC <input type="text"/> | TRR <input type="text"/> | DFR <input type="text"/> | DLF <input type="text"/> | DOT <input type="text"/> | DTT <input type="text"/> | | | | | |
| GMR <input type="text"/> | GSO <input type="text"/> | TWD <input type="text"/> | DGS <input type="text"/> | DLT <input type="text"/> | DPB <input type="text"/> | DWP <input type="text"/> | | | | | |
| Comments <input type="text"/> | | | | | | | | | | | |
| VIOLATION Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/> | | | | | | | | | | | |
| Agency <input type="text" value="S"/> | | Number <input type="text" value="0001"/> | | Area <input type="text" value="GRR"/> | | Class <input type="text" value="1"/> | | Regulation Type <input type="text" value="SR"/> | | Regulation Citation <input type="text" value="262.41(a)"/> | |
| Date Determined <input type="text" value="03"/> <input type="text" value="06"/> <input type="text" value="92"/> | | Priority <input type="text"/> | | Branch <input type="text" value="DC"/> | | Person <input type="text" value="M.W.H."/> | | Returned to Compliance Scheduled <input type="text" value="04"/> <input type="text" value="01"/> <input type="text" value="92"/> | | Actual <input type="text"/> | |
| Comments <u>Failure to file an annual report.</u> | | | | | | | | | | | |
| VIOLATION Add <input type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/> | | | | | | | | | | | |
| Agency <input type="text"/> | | Number <input type="text"/> | | Area <input type="text"/> | | Class <input type="text"/> | | Regulation Type <input type="text"/> | | Regulation Citation <input type="text"/> | |
| Date Determined <input type="text"/> | | Priority <input type="text"/> | | Branch <input type="text"/> | | Person <input type="text"/> | | Returned to Compliance Scheduled <input type="text"/> | | Actual <input type="text"/> | |
| Comments <input type="text"/> | | | | | | | | | | | |
| VIOLATION Add <input type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/> | | | | | | | | | | | |
| Agency <input type="text"/> | | Number <input type="text"/> | | Area <input type="text"/> | | Class <input type="text"/> | | Regulation Type <input type="text"/> | | Regulation Citation <input type="text"/> | |
| Date Determined <input type="text"/> | | Priority <input type="text"/> | | Branch <input type="text"/> | | Person <input type="text"/> | | Returned to Compliance Scheduled <input type="text"/> | | Actual <input type="text"/> | |
| Comments <input type="text"/> | | | | | | | | | | | |
| VIOLATION Add <input type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/> | | | | | | | | | | | |
| Agency <input type="text"/> | | Number <input type="text"/> | | Area <input type="text"/> | | Class <input type="text"/> | | Regulation Type <input type="text"/> | | Regulation Citation <input type="text"/> | |
| Date Determined <input type="text"/> | | Priority <input type="text"/> | | Branch <input type="text"/> | | Person <input type="text"/> | | Returned to Compliance Scheduled <input type="text"/> | | Actual <input type="text"/> | |
| Comments <input type="text"/> | | | | | | | | | | | |

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



SEPTEMBER 30, 1986

MEMORANDUM

TO : File

THROUGH : Angelo Tompros, Chief
Pesticides & Hazardous
Waste Management Branch

FROM : Byron Bacon *Bacon*
Sanitarian *10-1*

SUBJECT : Compliance Inspection at Washington Metropolitan
Area Transit Authority (WMATA) EPA ID Number
DCD 980 555 643

On September 24, 1986, I conducted a compliance inspection at the Washington Metropolitan Area Transit Authority (WMATA) facility located at 2250 26th Street, N.E. The facility representative was Mr. John Trussell, Shop Maintenance Supervisor.

A review of the manifests showed three shipments in April and June to Spectron and Chem-Met. The manifests had been signed by the TSD facility.

Job descriptions have not been revised to indicate which employees handle hazardous waste. This will be implemented by October 1986. The method of distributing training memoranda will be revised to allow a record to be maintained in the training file.

The emergency plan is posted in the facility. The plan lists emergency contact persons and lists who has specific responsibilities in emergencies.

In the waste storage area, the containers are labeled to show the date accumulation began.

1. EPA ID: DKD900SSK43

2. HANDLER NAME: Wash. Metro Area Transit Authority

3. ADDRESS: 2250 20th St, N.E., Wash, DC

5. DATE OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT: 9/24/86

5a. AGENCY RESPONSIBLE FOR EVALUATION: Put code in box ☒ Choose one

E = EPA
S = State
J = Joint
C = Contractor/EPA

O = Other
B = Contractor/State
X = Oversight

6. TYPE OF EVALUATION COVERED BY THIS REPORT: Put code in box Choose one

☒ 1 = Evaluation Inspection
2 = Case Development
3 = Record Review
4 = Ground Water Monitoring Evaluation
5 = Follow Up

6 = Other - Citizen Complaint
7 = Other - Part B Call-In
8 = Other - Withdrawal Candidate
9 = Other - Closed Facility
10 = Other - General

7. DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 5): / /

| 8. AREA AND CLASS OF VIOLATION (Enter 'X' in appropriate box if violations found. Enter '0' if no violations found in Area evaluated. Enter 'Z' to indicate area of interest.) | Class of Violation | Area of Violation | | | | | | |
|---|--------------------|-------------------|-------|---------|-------|----------|----------|-------|
| | | GWM | CL/PC | Fin.Res | Pt. B | Ompl.Sch | Manifest | Other |
| | I | | | | | | 0 | 0 |
| | II | | | | | | 0 | X |

9. ENFORCEMENT ACTIONS:

| Class | Area of Violation | Type (use code) | Date Action Taken | Compliance Dates | | Penalty | | Resp.Ag. (use code) |
|-------|-------------------|-----------------|-------------------|------------------|--------|----------|-----------|---------------------|
| | | | | Scheduled | Actual | Assessed | Collected | |
| II | Other | 10 | 9-24-86 | 10-31-86 | | | | |

Codes for Types of Enforcement Actions: 03 = Warning Letter
05 = Administrative Order
10 = Informal
(See instructions for additional codes)

11 = Filed Civil Action
12 = Filed Criminal Action
15 = \$3008(h) Final Order

Codes for Resp. Agency: E = EPA
S = State
X = EPA oversight

9a. STATUS OF HANDLER WITH COMPLIANCE SCHEDULE OF ORDERS: Meeting compliance schedule Yes ☐ No ☐ Status Date / /

10. Comments:

(Limit each comment to 80 characters. Up to 99 comments are possible.)

DCD 980555643

Washington Metro Area Transit Auth.

2250 16th St. N.E.

Washington 20002 D.C.

OCT 24 1989

A change in the status has been made by Mark Hughes, Environmental Chemist, with the District of Columbia. This was due to a cleanup in HWDMS in preparation for RCRIS.

The status has chg'd

From 2 to 3

See attached letter

09/2/89

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
HOUSING AND ENVIRONMENTAL REGULATION ADMINISTRATION
P.O. BOX 37200
WASHINGTON, D.C. 20013-7200



Ms. Shirley Bulkin
RCRA Support Section 3HW34
841 Chestnut Building
Philadelphia, PA 19107

Dear Ms. Bulkin:

Enclosed you will find the final cleaned HWDMS notifier file for the District of Columbia. I took the extra effort of phoning or inspecting generators who were recent first time notifiers or whose information I found questionable. I feel very confident in this data and am sure it represents the truest picture of our universe that is possible.

In other developments, we have added two blocks to the 8700-12 Notification form to help in classifying the category into which generators may be placed. We added the less than 50 Kg/mo. designation because that is the delineation point in the District. I have enclosed a copy for your information.

Sincerely,

A handwritten signature in dark ink, appearing to read "Mark W. Hughes".

Mark W. Hughes
Environmental Chemist

EVALUATION - VIOLATION - ENFORCEMENT FORM

| | | | |
|---|--|---|----------------|
| Handler ID Number | | Handler Type | |
| D C D 9 8 0 5 5 5 6 4 3 | | LDF [] TSF [] INC [] LOG <input checked="" type="checkbox"/> SOG [] CEG [] TRA [] | |
| Handler Name | | Contact Name | Date Submitted |
| WASHINGTON METRO AREA TRANSIT AUTHORITY | | MONTIETH, CHIEERS, JOHNSON | 0 7 2 2 9 4 |
| Street | | City | |
| 2250 26th St. N.E. | | D.C. 20002 | |

| | | | | |
|-------------|--------|---|--------|--------|
| EVALUATION | | Add <input checked="" type="checkbox"/> | Change | Delete |
| Date | Number | Agency | Type | Reason |
| 0 7 2 1 9 4 | | S | C C Z | |
| | | Branch | Person | |
| | | D.C. | M.W.H. | |

AREAS OF EVALUATION (E - Evaluated NE - Not Evaluated NA - Not Applicable)

| | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|
| GER | GPT | GBF | TWD | DGS | DLT | DPB | DWP |
| GGR | GRR | TGR | DCH | DGW | DMC | DPP | DBF |
| GLB | GSC | TMR | DCL | DIN | DMR | DSI | CAS |
| GMR | GSQ | TOR | DCP | DLB | DOR | DTR | FEA |
| GOR | GEX | TRR | DFR | DLF | DOT | DTT | CSS |

Comments

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION

| Agency | Number | Area | Date Determined | Agency | Number | Area | Date Determined |
|--------|--------|------|-----------------|--------|--------|------|-----------------|
| | | | | | | | |
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| | | | | | | |
|--|---------|---|--------|-----------------|---------------------------------|-------------|
| VIOLATION | | Add <input checked="" type="checkbox"/> | Change | Delete | Link to Above Evaluation? (Y/N) | |
| Agency | Number | Area | Class | Regulation Type | Regulation Citation | |
| S | 0 0 0 3 | G.P.T | 1 | S.R. | 262.34(a)(3) | |
| Date Determined | | Priority | Branch | Person | Returned to Compliance | |
| 0 7 2 1 9 4 | | | D.C. | M.W.H. | Scheduled | Actual |
| | | | | | 0 8 3 1 9 4 | 0 8 1 7 9 4 |
| Comments NO "HAZARDOUS WASTE" LABELS AT HEAVY OVERHAUL SHOP. | | | | | | |

| | | | | | | |
|-----------------|--------|----------|--------|-----------------|---------------------------------|--------|
| VIOLATION | | Add | Change | Delete | Link to Above Evaluation? (Y/N) | |
| Agency | Number | Area | Class | Regulation Type | Regulation Citation | |
| | | | | | | |
| Date Determined | | Priority | Branch | Person | Returned to Compliance | |
| | | | | | Scheduled | Actual |
| | | | | | | |
| Comments | | | | | | |

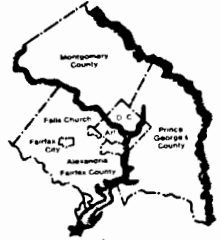
☐ Required ☐ Required if pertinent ☐ Required only for previously reported data ☐ Not Required by EPA

| PENALTY PAYMENTS | | | |
|------------------|--------|-------|--------|
| Date | Amount | Date | Amount |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Comments _____ | | | |



Washington Metropolitan Area Transit Authority

600 Fifth Street, N.W., Washington, D.C. 20001
(202) 962-1234



August 3, 1994

Mr. Donald Campbell, Chief
Hazardous Waste Management Branch
Environmental Regulation Administration
2100 Martin Luther King, Jr. Avenue, S.E.
Washington, D.C. 20020-5732

RE: Notice of Violation for Installation ID# DCD 980 555 643,
2250 and 2251 26th Street, N.E.

Dear Mr. Campbell:

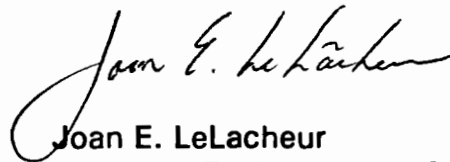
On August 1 the Authority received the Notice of Violation for improper labeling of hazardous waste at the Bladensburg Metrobus Heavy Equipment Maintenance Shop. Drums were incorrectly labeled as "hazardous materials" rather than "hazardous wastes." The error has been corrected and all drums are now labeled properly.

As requested in the Notice of Violation, a new Form 8700-12, identifying the Manager of Environmental Services as the central contact person for the Authority was submitted under separate cover along with all other facilities in the District of Columbia.

Since your last inspection in 1986, the Authority has made significant progress in environmental management. For your information, I have attached a copy of our Environmental Protection Program Handbook for Environmental Compliance Officers. This document is utilized at each of our facilities in the region.

If you have any questions, or if you require any additional information, please do not hesitate to contact me at (202) 962-5113.

Sincerely,

A handwritten signature in cursive script, reading "Joan E. LeLacheur". The signature is written in dark ink and is positioned above the printed name and title.

Joan E. LeLacheur
Manager, Environmental Services
Office of Plant Maintenance

cc: PLNT - John J. Flynn
PLNT - Connie L. Williams

5QG
Name not led
3/16/95

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM
MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# 1D1C1D19181015151614131 Date: 2-6-95

FACILITY NAME WMATA - Washington Metro Area Transit

New Facility Name

Name Change WMATA - Bladensburg

Location of Installation

Street _____

City/Town _____ State _____ Zip _____

County Code _____ County Name _____

Installation Mailing Address

Street 3101 Eisenhower Ave

City/Town Alexandria State VA Zip 22314

Installation Contact

Last Name Kurtz First Michael

Job Title Director BMNT Phone # 202-635-6752

Street _____

City/Town _____ State _____ Zip _____

Ownership

Name of Legal Owner _____

Street 600 Fifth Street NW

City/Town Washington State DC Zip 20001

Phone # (202) 962-5113 Land Type _____ Owner Type _____

Waste Codes

Delete Old Waste Codes

Add New Waste Codes

D002 D039 D018 D006 D007
F005 D008 D021 F003 F002

Updated in RCRIS by RR Date 2/22/95

HST

2-28-95

| Waste Activity | TYPE | RCRA Reg. Status | RCRA Reg. Desc. |
|-------------------------------|--|------------------|-------------------------|
| Generator | <u>1</u> | _____ | _____ |
| TSD | _____ | _____ | _____ |
| Transporter | _____ | _____ | _____ |
| Mode of Transportation: | _____ | | |
| Air _____ | Rail _____ | Highway _____ | Water _____ Other _____ |
| Burner/Blender | B Boiler and/or Industrial Furnace (BIF) only. D BIF only; Smelter Deferral. E BIF only; Small Quantity Exemption claimed. N Not a Burner/Blender, Verified. X Other Burner/Blender Activity. Blank Unverified. | | |
| HWF Market to Burner | X Code indicates that the handler is a generator engaged in marketing to burners of hazardous waste fuel activities. Blank No activity. | | |
| HWF Other Market | X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner. | | |
| HWF Burner | B Boiler and/or Industrial Furnace. X Indication of activity. | | |
| OSO Market to Burner | X Code indicates that the handler is a generator engaged in marketing to burners of off-spec. used oil fuel. | | |
| OSO Other Market | X Code indicates that the Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to used oil refinery). | | |
| OSO Burner | B Boiler and/or Industrial Furnace. X Indication of Activity. | | |
| SO ACT: _____ | Code indicating that the handler is engaged in marketing of specification fuel oil activities. B Boiler and/or Industrial Furnace. X Indication of Activity. | | |
| Burner Types | Utility Boiler _____ Industrial Boiler _____ Ind. Furnace _____ | | |
| Underground Injection Control | X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation. | | |
| Recycler: _____ | C Commercial R Non-Commercial Recycler N Not a Recycler, Verified Blank Not a recycler, unverified. | | |

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒
B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

D C D 9 8 0 5 5 5 6 4 3

II. Name of Installation (Include company and specific site name)

W M A T A - B L A D E N S B U R G

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2 2 5 0 - 2 2 5 1 2 6 t h S T R E E T N E

Street (continued)

City or Town

W A S H I N G T O N

State

ZIP Code

D C 2 0 0 0 2 -

County Code

County Name

0 0 1 D I S T R I C T O F C O L U M B I A

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

3 1 0 1 E I S E N H O W E R A V E N U E

City or Town

A L E X A N D R I A

State

ZIP Code

V A 2 2 3 1 4 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

K U R T Z

(first)

M I C H A E L

Job Title

D I R E C T O R B M N T

Phone Number (area code and number)

2 0 2 - 6 3 5 - 6 7 5 2

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing
☐
☐

B. Street or P.O. Box

2 2 5 0 2 6 t h S T R E E T N E

City or Town

W A S H I N G T O N

State

ZIP Code

D C 2 0 0 0 2 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

W A S H M E T R O A R E A T R A N S I T A U T H O R

Street, P.O. Box, or Route Number

6 0 0 F I F T H S T R E E T N W

City or Town

W A S H I N G T O N

State

ZIP Code

D C 2 0 0 0 1 -

Phone Number (area code and number)

2 0 2 - 9 6 2 - 5 1 1 3

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

Yes No

(Date Changed)
Month Day Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

| A. Hazardous Waste Activity | | B. Used Oil Fuel Activities |
|--|--|-----------------------------|
| 1. Generator (See instructions) <input checked="" type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____ <input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Refractor <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control | 1. Oil-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification | |

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

| 1. Ignitable (D001) | 2. Corrosive (D002) | 3. Reactive (D003) | 4. Toxicity Characteristics (D004) | 5. List specific EPA hazardous waste numbers (See Toxicity Characteristics section) | | | | | | | | | | | | | | | | |
|-------------------------------------|-------------------------------------|--------------------------|------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

| 1 | 2 | 3 | 4 | 5 | 6 |
|---------|---------|---------|---------|---------|---------|
| D 0 1 8 | D 0 0 1 | D 0 3 9 | D 0 0 1 | D 0 0 6 | D 0 0 7 |
| 7 | 8 | 9 | 10 | 11 | 12 |
| F 0 0 3 | F 0 0 5 | F 0 0 2 | D 0 0 2 | D 0 0 8 | D 0 2 1 |

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

| 1 | 2 | 3 | 4 | 5 | 6 |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | |
|---------------------------------------|---|-----------------------|
| Signature <i>Joan E. LeLacheur</i> | Name and Official Title (type or print) Joan E. LeLacheur Mgr. Env. Services | Date Signed 8/8/94 |
|---------------------------------------|---|-----------------------|

XI. Comments

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

MAY 31 1993

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒
B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

D C D 9 8 0 5 5 5 6 4 3

II. Name of Installation (Include company and specific site name)

W M A T A - B L A D E N S B U R G

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2 2 5 0 - 2 2 5 1 2 6 t h S T R E E T N E

Street (continued)

City or Town

W A S H I N G T O N

State

ZIP Code

D C

2 0 0 0 2 -

County Code

County Name

N/A

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

3 1 0 1 E I S E N H O W E R A V E N U E

City or Town

A L E X A N D R I A

State

ZIP Code

V A

2 2 3 1 4 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

C A U D L E

(first)

J O H N

Job Title

S U P T.

B M N T

Phone Number (area code and number)

2 0 2 - 6 3 5 - 6 7 2 3

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

2 2 5 0 2 6 t h S T R E E T N E

City or Town

W A S H I N G T O N

State

ZIP Code

D C

2 0 0 0 2 -

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

W A S H M E T R O A R E A T R A N S I T A U T H O R

Street, P.O. Box, or Route Number

6 0 0 F I F T H S T R E E T N W

City or Town

W A S H I N G T O N

State

ZIP Code

D C

2 0 0 0 1 -

Phone Number (area code and number)

2 0 2 - 9 6 2 - 5 1 1 3

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

Yes

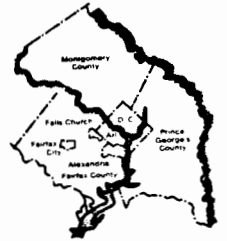
No

. 2 .



Washington Metropolitan Area Transit Authority

600 Fifth Street, N.W., Washington, D.C. 20001
(202) 962-1234



February 6, 1995

Mr. Donald Campbell, Chief
Hazardous Waste Management Branch
Government of the District of Columbia
Department of Consumer and Regulatory Affairs
Environmental Regulation administration
2100 Martin Luther King, Jr. Avenue, S.E.
Washington, D.C. 20020-5732

Re: EPA - Notification Regulated Waste Activity Form


Dear Mr. Campbell:

Enclosed herewith is the updated EPA - Notification of Regulated Waste Activity form for:

- WMATA - Bladensburg
2250 and 2251 26th Street, N.E.
EPA ID DCD 980555643

If you need additional information, contact me at (202) 962-5071.

Sincerely,


Peter J. Gallagher, Supervisor
Environmental Services
Office of Plant Maintenance
Department of Rail Service

cc: ENSV - Joan E. LeLacheur



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

DCD980555643

03/02/95

INSTALLATION ADDRESS

WMATA BLADENSBURG
2250 26TH ST NE
WASHINGTON, DC 20002
MICHAEL KURTZ DIR BMNT

2250 2251 26TH ST NE
WASHINGTON, DC 20002